

EXHIBIT FF

Page 1 of 4 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
045
Accident No.
MV-2019-045-003069Complaint
Number☐ AMENDED REPORT

1	2	Accident Date Month: 12, Day: 5, Year: 2019		Day of Week THURSDAY	Military Time 17:15	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 -
2	7	VEHICLE 1 VEHICLE 1 - Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (Include Number & Street) [REDACTED] Apt. No. 2 City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Date of Birth [REDACTED] Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration AMERICAN UNITED TRANSPORTATION Address (Include Number & Street) 1165 OGDEN AVENUE Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town BRONX State NY Zip Code [REDACTED] Plate Number [REDACTED] State of Reg. NY Vehicle Year & Make 2017 TOYOTA Vehicle Type TAXI Ins. Code 389 Ticket/Arrest Number(s) [REDACTED] Violation Section(s) [REDACTED]						VEHICLE 2 VEHICLE 2 - Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license LINZY, SHAARILLE, L Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Date of Birth [REDACTED] Sex F Unlicensed <input type="checkbox"/> No. of Occupants [REDACTED] Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration [REDACTED] Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Plate Number [REDACTED] State of Reg. [REDACTED] Vehicle Year & Make [REDACTED] Vehicle Type [REDACTED] Ins. Code [REDACTED] Ticket/Arrest Number(s) [REDACTED] Violation Section(s) [REDACTED]		20 -		
3	1	<div> <div> Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. </div> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To </div> </div> <div> <div> Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To </div> </div> <div> VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> <div> </div>										21 14
4	4	<div> Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End 1. Left Turn 3. Right Angle 5. Right Turn 7. Head On 9. Sideswipe (same direction) 2. Left Turn 4. Right Turn 6. Sideswipe (opposite) 8. </div> <div> ACCIDENT DIAGRAM 7 HEAD ON 9. </div> <div> Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										22 -
5	1	<div> Reference Marker Coordinates (if available) Latitude/Northing: 40.852425 Longitude/Easting: -73.82729 </div> <div> Place Where Accident Occurred: <input checked="" type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred 3681 BRUCKNER BOULEVARD (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) _____ N S E W of _____ (Milepost, Nearest Intersecting Route Number or Street Name) </div>										23 6
6	1	<div> Accident Description/Officer's Notes AT TPO DRIVER OF VEHICLE 1 STATES HE WAS DRIVING SOUTH ON BRUCKNER BOULEVARD WHEN PEDESTRIAN 1 DID EMERGE FROM INBETWEEN TWO PARKED BUSES AND DID WALK INTO TRAFFIC CAUSING VEHICLE ONE TO STRIKE PEDESTRIAN 1. PEDESTRIAN 1 WAS NOT AT A CROSSWALK. AT TPO PEDESTRIAN 1 DID EXIT BUS AND WAS ATTEMPTING TO CROSS STREET TO ENTER A SECOND BUS WHEN SHE WAS STRUCK BY VEHICLE 1 PEDESTRIAN 1 WAS REMOVED TO JACOBI </div>										24 -
7	1	<div> ALL INVOLVED A P 1 4 1 31 F 1 12 6 20Y 7003 LINZY, SHAARILLE, L B 1 1 4 1 51 M - - - - - ALEMAR, JOSE, A </div>										25 1
<div> Officer's Rank and Signature POM Print Name in Full STEVEN M MORROW Tax ID No. 965355 NCIC No. 03030 Precinct 045 Post/Sector Reviewing Officer SGT WILLIAM J MELROSE Date/Time Reviewed 12/09/2019 06:29 </div>												26 -
<div> UBER 000001 </div>												27 1
<div> USE COVER SHEET </div>												28 2
<div> P </div>												29 2
<div> 30 - </div>												30 -

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name LINZY		First SHAARILLE		M.I. L	Last Name		First		M.I.
Address					Address				
Date of Birth Month Day Year		Telephone (Area Code) ()			Date of Birth Month Day Year		Telephone (Area Code) ()		
Last Name		First		M.I.	Last Name		First		M.I.
Address					Address				
Date of Birth Month Day Year		Telephone (Area Code) ()			Date of Birth Month Day Year		Telephone (Area Code) ()		
Last Name		First		M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name:		
Address					Shield No.				
Date of Birth Month Day Year		Telephone (Area Code) ()							

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 Vehicle No.

Expiration Date 03/01/2020 Expiration Date

VIN VIN

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

- ☐ Dept. of Motor Vehicles (if anyone is killed/injured)
 ☐ Motor Transport Division (P.D. vehicle involved)
 ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 ☐ Other City Agency (Specify)
- ☐ Office of Comptroller (if a City vehicle involved)
 ☐ Personnel Safety Unit (if a P.D. vehicle involved)
 ☐ Highway Unit

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident						
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal
 ☐ Complying with Station House Directive
- ☐ Pursuing Violator
 ☐ Routine Patrol
- ☐ Other (Describe)

Page 3 of 4 Pages

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1	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19			
	Month 12	Day 5	Year 2019	THURSDAY	17:15	1	1	0	Reconstructed <input type="checkbox"/>			20			
2	VEHICLE - Driver						VEHICLE - Driver						21		
	License ID Number						License ID Number						22		
	Driver Name - exactly as printed on license						Driver Name - exactly as printed on license						23		
	Address (Include Number & Street)						Address (Include Number & Street)						24		
3	Date of Birth			Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth			Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	25
	Month	Day	Year					Month	Day	Year					26
	Name - exactly as printed on registration						Name - exactly as printed on registration						27		
	Address (Include Number & Street)						Address (Include Number & Street)						28		
4	City or Town						City or Town						29		
	State						State						30		
	Zip Code						Zip Code						31		
	Plate Number						Plate Number						32		
5	Ticket/Arrest Number(s)						Ticket/Arrest Number(s)						33		
	Violation Section(s)						Violation Section(s)						34		
	Check if involved vehicle is:						Check if involved vehicle is:						35		
	<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.						<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.						36		
6	VEHICLE 1 DAMAGE CODES						VEHICLE 2 DAMAGE CODES						37		
	Box 1 - Point of Impact						Box 1 - Point of Impact						38		
	Box 2 - Most Damage						Box 2 - Most Damage						39		
	Enter up to three more Damage Codes						Enter up to three more Damage Codes						40		
7	Vehicle By Towed:						Vehicle By Towed:						41		
	VEHICLE DAMAGE CODING:						VEHICLE DAMAGE CODING:						42		
	1-13. SEE DIAGRAM ON RIGHT.						1-13. SEE DIAGRAM ON RIGHT.						43		
	14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						44		
8	Reference Marker						Coordinates (if available)						45		
							Latitude/Northing:						46		
							40.852425						47		
							Longitude/Easting:						48		
9							-73.82729						49		
							Place Where Accident Occurred: <input checked="" type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND						50		
							Road on which accident occurred 3681 BRUCKNER BOULEVARD						51		
							(Route Number or Street Name)						52		
10							at 1) intersecting street						53		
							(Route Number or Street Name)						54		
							or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of						55		
							(Milepost, Nearest Intersecting Route Number or Street Name)						56		
11	Accident Description/Officer's Notes HOSPITAL BY EMS. DRIVER OF VEHICLE 1 DID RMA ON SCENE. PD DID NOT												57		
	WITNESS ACCIDENT.												58		
													59		
													60		
12	ALL INVOLVED												61		
													62		
													63		
													64		
13	Officer's Rank and Signature POM						Tax ID No. 965355		NCIC No. 03030		Precinct 045		65		
	Print Name in Full STEVEN M MORROW												66		
													67		
													68		
14	Reviewing Officer SGT WILLIAM J MELROSE						Date/Time Reviewed 12/09/2019 06:29						69		
													70		
													71		
													72		

UBER 000003

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name	First	M.I.	Last Name	First	M.I.
Address			Address		
Date of Birth Month Day Year		Telephone (Area Code) ()	Date of Birth Month Day Year		Telephone (Area Code) ()
Last Name	First	M.I.	Last Name	First	M.I.
Address			Address		
Date of Birth Month Day Year		Telephone (Area Code) ()	Date of Birth Month Day Year		Telephone (Area Code) ()
Last Name	First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			Name:		
Date of Birth Month Day Year		Telephone (Area Code) ()	Shield No.		

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. _____ Vehicle No. _____

Expiration Date _____ Expiration Date _____

VIN _____ VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

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<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit _____	

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

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Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident						
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights

ACTIONS OF POLICE VEHICLE

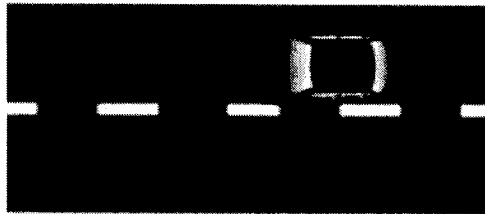
<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	

Head On : MV-2019-045-003069

Reporting Officer : POM STEVEN M MORROW

Reviewing Officer : SGT WILLIAM J MELROSE Reviewed Date : 12/09/2019 06:29

Vehicle1



UBER 000005